



# Project Lifesaver application packet to do list



1. Complete the Project Lifesaver Client Profile–Personal Data Questionnaire.
2. Read through and sign the Project Lifesaver Program Contract.
3. Obtain a doctor's note which includes the diagnosis and doctor's signature.
4. Mail all three items in an envelope to the following address: Citrus Heights Police Department, Attention: Project Lifesaver, 6315 Fountain Square Dr., Citrus Heights, CA 95621

\* Note: Please make copies for your records.\*